

new copy with signatures!

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 AUG -8 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **BE1003**

1. Corporation Name
Allen & Hoshall, Inc.

300108028143
08/14/07--01016--013 **1350.00

2. Principal Office Address - No P.O. Box #
11661 International Dr.

3. Mailing Office Address
11

REINSTATEMENT
03-07

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
11

City & State
Memphis, TN.

City & State
11

4. Date Incorporated or Qualified To Do Business in Florida

Zip
39120

Country
USA

Zip
11

Country
11

5. FEI Number
62-0909491

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
John J. Linnihan
REGISTERED AGENT MUST SIGN

Date
7/6/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	David Nicholson	11661 International Dr. Suite 100	Memphis, TN 39120
CFO	Michael Young	11	11
VP	Thomas Barnes	11	11
VP	Daniel Murre	11	11

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **David Nicholson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
7/10/07

Daytime Phone #
901-261-4604

David Nicholson